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ERRORS IN MENTAL AND NERVOUS NURSING¹

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The errors arising in nervous and mental nursing are due, for the most part, to inadequate knowledge of the nature, causes and needs of these disorders. That intelligent nursing of mind sickness is comparatively rare is not strange, it is a science of recent years. Long after the need of intelligent, trained women to work hand in hand with the doctor in his fight against infection and all those other conditions that blight and destroy the body, was recognized, the unhappy victim of a mental sickness was still entrusted to a custodian who, ignorant of all laws of mental health, ruled by right of superior physical strength. We shudder at the cruelty thus ignorantly perpetrated. Conditions have changed in the last twenty-five years. More and more the need is felt for intelligent, cultured women, with big sympathies and common sense, who have been trained in the laws of health of body, mind and soul. Truly, such nursing is the most comprehensive of all nursing, and with the ever increasing number of the insane and neurotic which our civilization, by its multitudinous demands, its food excesses, its liquors and narcotics, its exemption from physical effort, is leaving in its wake, ought we not, as a profession, to meet intelligently this great, growing need?

To do this, we must first know what insanity is, the fundamental kinds, the chief causes, and the prognosis. Insanity has been defined as a prolonged departure from an individual's normal standard of thinking, feeling and acting. The word "prolonged" eliminates intoxication and delirium. In applying the definition, the word "normal" must be kept in mind, for what is normal for one might be insanity for another. Should President Wilson display the traits of Villa we should certainly deem him insane. We would note a marked lack of self-control, a symptom most frequent in nervous and mental disorders.

Other common symptoms in the insane are illusions, or false impressions of sound, sight, hearing, taste, etc. The sound of a piano interpreted as an Indian war cry is an illusion. The branches of a tree outside the window may become moving serpents to the illusional mind. If the patient should hear the Indian war cry when there is

¹ Read at the fifteenth annual convention of the North Carolina State Nurses' Association, May, 1917.

no sound, or see the snakes when there are no branches or other objects to be misinterpreted, he is suffering from hallucinations. In other words, an hallucination is seeing objects, hearing certain sounds, etc., when there is no external cause for these. "Seeing snakes" in delirium tremens is a common hallucination.

A delusion is a belief in the truth of that which is not true, due to disease. Delusions may be as varied as thought. The millionaire may believe he is a pauper and live in fear of the almshouse. The upright church worker may fear the unpardonable sin, and believe his evil deeds equal the vilest criminal's. Delusions of filth, disease, persecution, grandeur, are other common ones.

The causes of insanity may be arranged in three groups:

1. Physical, comprising about 50 per cent, include direct injury to the brain, hardening of the arteries, etc., and indirectly, tuberculosis, cancer, Bright's disease, syphilis, etc.

2. Vicious habits, 25 per cent, include unwise eating, alcohol, drugs, and sexual abuses. It is often true that the sexual abuse is, like the biting of finger nails, a symptom of lack of self-control in the disease, and not its cause.

3. Constitutional, 25 per cent, are due to heredity and physiologic changes in life, as puberty, adolescence, and the climacteric.

The outcome of a mental disorder depends much upon the class to which it belongs. It may terminate in complete recovery, or the disease may be checked after some permanent damage has been done. This condition is known as "recovery with defect." The mind which is left may be re-trained, making a two-talent intellect out of the remnants of a ten-talent mind. A third possible termination is dementia, or mental death. A large percentage of patients in our state asylums belongs to this last class. Often well and strong of body, they may live to a ripe old age, if well cared for.

The insanities have been classified by Kraepelin thus:

- I. Insanities of the developed brain: 1. Without intellectual defect: (a) the manic-depressive group; (b) states of excitement—mania; (c) states of depression—melancholia; (d) mixed states; (e) paranoia. 2. With intellectual defect: (a) epileptic insanity; (b) hysterical insanity; (c) dementia praecox; (d) senile dementia; (e) paralytic dementia.

- II. Insanities associated with arrested cerebral development: 1, Feeble mindedness; 2, imbecility; 3, idiocy.

The manic-depressive group is the most satisfactory of all insanities. It averages from four to eight months in duration, depending upon the treatment. With treatment, its course is shorter. Its

onset is apparently sudden, although this is not really the case. The undermining of the mental processes has been slow. The same irritant which causes depression in one may cause excitement in another; or both in the same individual. Insomnia is always an early symptom. Other symptoms are numerous and variable. In the excited states we find rapid, constant talking, with ideas like a moving picture, running ten times too fast; the depressed phase is just the opposite, ideas come slowly, they are few, and usually unhappy in origin. The depressed are in mental pain, but feel less keenly, so do not suffer as acutely as they express. The patient usually loses weight and is quite autotoxic, showing personal reaction to poisons in the system, due largely to defective food handling. The treatment is that of a nutritional disorder—rest, milk, raw eggs, neutral baths, and massage when the patient gets no exercise. Some patients have only one attack; others break down under every strain. Each attack, without help, increases liability to further attacks. Recovery, like the onset, apparently comes suddenly, following increased sleep and weight.

Paranoia, or chronic delusional insanity, is due to some hereditary defect. As a child the paranoiac may have been brilliant in memory work, and not until later, when real questions arose demanding judgment, was a defect recognized. Later, there is a period of introspection, with depression, and systematized, fixed delusions. Following this stage come delusions of grandeur. He may be destined to save the world. Many cranks are harmless paranoiacs. Many crimes, however, are the acts of paranoiacs who, impelled by delusions, think they are called upon, perhaps divinely so, to save their home, state or nation by killing the ones who threaten them. The paranoiac apparently is normal, except on subjects around which his delusions center. The termination is chronicity, dementia developing but slowly.

Epileptic insanity does not run a definite course. It results from deterioration of the brain, due to epilepsy. Ten per cent of epileptics go insane. There is a two-fold cause for this. Real physical damage to the brain cells results from the convulsive attacks and their causative toxicity; also, the epileptic is denied a normal life due to the uncertainty of attacks, which, together with the bromides given to prevent the seizure, aids in producing permanent damage.

The treatment of epilepsy consists in protection from harm during convulsions, diet, and exercise. Wholesome occupation in an epileptic colony is the best solution. The aim should ever be to keep down toxicity. In epileptic insanity, the treatment should always be institutional, for the patient may be more dangerous than in any of the other insanities. A peculiar impulsiveness is marked. After an

attack, everything in reach may be destroyed, and without the sense of pain; endowed with superhuman strength, the patient is difficult to control and is truly dangerous. The maniacal epileptic should be restrained while the convulsive attack is on, for the impulsive outbreak is to be expected immediately after. The outcome of epileptic insanity is usually dementia.

Hysterical insanity is highly colored by the individual, and results from the damaging influence of chronic hysteria. Uncontrolled emotions, arising from undue suggestibility, rule the body. It is a disease of the mind, and the line between hysteria and hysterical insanity is sometimes difficult to fix. The nursing of hysteria is important. Ideas of strength must be substituted for ideas of weakness, trust for distrust, love for hate. Nowhere in nursing is intelligent, stimulating, kind firmness, which guides thought and, consequently, the emotions into healthy channels, more essential. Too often, the symptoms, which imitate anything from toothache to pregnancy, are the objects of weakening sympathy and coddling. That condition of the mind which gives birth to these multitudinous symptoms must be kept in mind. It is to be wholesomely treated, while the symptoms should be wholesomely neglected.

Dementia, or mind death, may be primary, secondary, senile, or paralytic. Dementia praecox, or dementia in the young, is a disease which varies in its manifestations. Neurasthenic symptoms, alternating periods of excitement, depression, confusion, unreliable judgments, perverted affections and various delusions are some of the common symptoms. There is a basic hereditary weakness and a toxicity which make it impossible for the mind to stand the stress of a complicated existence. Early treatment, wholesome diet, exercise, simple, normal surroundings and occupation may arrest the disease, but frequently complete dementia results. During the course of the disease the patient should form simple habits of cleanliness and order, so that when the mind is gone he will automatically observe these rules. Here the nurse is invaluable, for only by her patient, kindly insistence may such results be obtained.

Secondary dementia embraces those dementias which follow the other insanities where treatment has not been successful.

Senile dementia, or dementia of the old, is due to arteriosclerosis in the brain. The arteries thicken and harden, the brain cells are not nourished, and die. The chief symptoms are depression and true melancholia. The prognosis is entirely unfavorable. Too much meat, alcohol, and under-exercise, with other toxin-producing factors, are the indirect causes of such a condition.

Paresis, paralytic dementia, or general paralysis is really dementia

with paralysis. It is due to third stage syphilis. It runs quite a definite unfavorable course, death resulting in from two to four years. With early treatment a few cases have been arrested. The treatment should always be institutional, for the moral sense goes early and the patient is peculiarly impulsive. In the latter stage, the patient becomes bed-ridden and completely helpless.

The insanities of arrested cerebral development are due to alcoholism of the parents, syphilis, injury at birth, epilepsy, defective thyroid, or morphine habit of the parent. There are three groups, classed by the power of attention of the individual. The feeble-minded, who do not come up to the average mental standards, are those of one talent. Usually they develop it, and lead simple, useful lives. The defect in the imbecile is a great deal more severe. He can frequently talk, feed himself and care for his person, but is incapable of making his own living. The idiot is incapable of caring for his person or feeding himself. He must be cared for as a baby. He may mumble, but usually his sounds are unintelligible.

So, even with a mere bird's eye view of the mental disorders, we must recognize that the field is large. From statistics we know that it is becoming larger. But at the same time, we are recognizing that prevention is the certain cure for insanity; that minds, especially of neurotic heredity, are capable of only so much so-called education; that the bodies of such individuals must be developed, and simple occupation given them; that the balance between food and exercise must be maintained; that alcohol and syphilis ever reap a wretched harvest; that defective parents produce defective offspring. These things the laity must know. We must teach them, so that insanity, in the future, may decrease, instead of increase.

But what of the present mental sufferers? Practically always, they are best cared for away from home influence, because regular habits and systematic carrying out of orders are essential. These often have to be maintained by kind, firm discipline, for deception, a means too often employed, is always detrimental. If a thing is to be done, frankly explain it to the patient, and have it done because it is an order, or because it is best. State and explain the situation clearly, once or twice a week, for the insane respect honesty and legitimate authority, even the application of the disagreeable as a discipline and not as a punishment. A nurse may lose all chance of helping a patient by one deception. Personal interest, kindness, patience, are even more essential than in nursing the rational. A nurse capable of impatience or anger in caring for the irresponsible is absolutely unfit for such work.

Many patients may be helped actively by occupation. Something to do with the hands, that interests, often alleviates the mental suffering, while exercise aids in metabolism and the elimination of toxins. Muscle work is primarily a question of nutrition. Briefly, the aims of mental nursing are three: 1, to secure recovery of the curable; 2, to ameliorate the depression, loneliness, and emptiness in the incurable; 3, to overcome pernicious habits in the chronic insane. Most insane life is a dream life. Possibly our most horrible dreams and nightmares may give a hint of the unreality of the insane mental state; so we can see why mental nursing demands the biggest and best souls to fill the great emptiness in the life of the mentally sick, and the joy which comes when light begins to flicker across the beclouded mind more than compensates for all effort that has been expended. May this joy be experienced by an increasing number of nurses, who through knowledge will eliminate the errors in mental and nervous nursing.

ACTIVE SERVICE ON THE WESTERN FRONT

BY EMMA QUANDT, R.N.

Chicago, Ill.

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A hypodermic of morphine was given the patient so that he would rest until morning, provided his condition or the nature of the wound did not need surgical attention in the operating theatre. I shall never forget my first convoy of wounded soldiers, twenty-seven stretcher cases, almost every one had to have an amputation of some member of the body. A number of my patients died from exposure in the trenches, because it had been about thirty-six hours before any aid could reach them. It was a pitiful sight to see these strong, healthy, young men, blind or crippled for life. The majority of the British Tommies are not pessimistic or down-hearted. The spirit that exists in Great Britain is, "We are fighting for a righteous cause, to crush out militarism in Germany."

On August 26th, my half day off, I arranged for a picnic. There were ten in our party, all members of our Unit. The woods were beautiful. The spot we selected was a hilly slope facing the Channel. The tide was in, the fishing craft were preparing to bring in their harvest of fish for the morning. There were about fifteen craft in all; they made a beautiful picture, sailing down the river into the ocean. The cuckoo was calling and the nightingale singing to us as